



Swimming Pool/Spa Facility Information Sheet

Bureau of Water

PLEASE FILL OUT **ALL** THE INFORMATION REQUESTED BELOW AND RETURN TO DHEC POOL INSPECTOR OR MAIL TO LOCAL DHEC OFFICE AT THE FOLLOWING ADDRESS :

DATE: _____ NAME OF FACILITY: _____ PERMIT # (S): _____
(MM/DD/YYYY)

OF INDOOR POOLS/SPAS: _____ # OF OUTDOOR POOLS/SPAS: _____

ADDRESS INFORMATION please print clearly

PHYSICAL ADDRESS OF FACILITY: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

FACILITY OWNER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

MANAGEMENT COMPANY (if applicable): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

INSPECTION INFORMATION please print clearly

CERTIFIED POOL OPERATOR: _____ CERT#: _____

DESIGNATED PERSON(S) TO SIGN INSPECTION FORMS ON SITE: _____

LOCATION WHERE INSPECTION FORM IS TO BE LEFT IF NO ONE IS ON SITE TO SIGN: _____

POOL LOG IS KEPT (ACCESSIBLE LOCATION DURING INSPECTION): _____

POOL/EQUIPMENT ROOM ACCESS CODE (if applicable): _____

FORM FILLED OUT BY (print name): _____ TITLE: _____

SIGNATURE: _____

Instructions for completing DHEC Form 3441
Swimming Pool/Spa Facility Information Sheet

PURPOSE: For collection of address and inspection related information.

INSTRUCTIONS FOR COMPLETION:

1. This item is to be filled out only by DHEC personnel. The address where the information is to be returned should be listed on the first line of the form. The address will vary from district to district.
2. Facility will fill in the date, name of facility and the permit number(s) of the pool or spa.
3. Facility will fill in the number of indoor pools/spas, and the number of outdoor pools/spas.
4. Facility is to make a mark in the blank if there is no change in information from the previous year.
5. Facility is to fill in the physical address of the pool/spa along with the phone number.
6. Facility is to fill in the owner's address along with the phone number.
7. Facility is to fill in the management company's (if applicable) address and phone number.
8. Facility will list the name and certification number of their Certified Pool Operator.
9. Facility will fill in the name of the person designated to sign the inspection form.
10. Facility will fill in the location where the inspection form is to be left on site to sign.
11. Facility will fill in the location where the pool log is kept.
12. Facility will fill in the access code for the pool or equipment room (if applicable).
13. Designated individual who filled out form will print their name and their job title.
14. Designated individual who filled out form will sign their name.

OFFICE MECHANICS AND FILING:

This form will be kept in the Central Office and District main swimming pool files. Form retention schedule is in accordance with Recreational Waters Retention Schedule Number HEC-SRW-RW-1R.